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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee for Working Families, Sponsored by Labor Organizations 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@olsonremcho.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00626119 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Gonzalez Fletcher, Lorena, , , Type or Print Name of Treasurer Gonzalez Fletcher, Lorena, , , [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100

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. Т	YPE OF COMMITTEE:	
C	Candidate Committee:	
(a	a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(k	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State CA  District
(0	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
P	Party Committee:	
(0	(National, State (Democratic or subordinate) committee of the Republican,	•
P	Political Action Committee (PAC):	
(6	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(9	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(ł	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
J	oint Fundraising Representative:	
(i	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1. C	

Title or Position ▼

Treasurer

	_		
	FEC Form 1 (Revised	·	Page <b>3</b>
V	Vrite or Type Committee Nar		
_		r Working Families, Sponsored by La	
6.	Name of Any Connected None	Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connect	ed Organization Affiliated Organization Joint Fundraising Repres	entative Leadership PAC Spons
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the pe	rson in possession of committee
	Andrews	s, Emily A., , ,	
	Full Name		
	Mailing Address	555 Capitol Mall, Suite 400	
		Sacramento	95814
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	916 - 442 - 2952
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the commit ., assistant treasurer).	ttee; and the name and address of
	Full Name Gonzale	z Fletcher, Lorena, , ,	
	of Treasurer		
	Mailing Address	1001 K Street, Suite 200	
		I	
		Sacramento	1 95814
		CITY ▲ STATE	▲ ZIP CODE ▲

4000

510

Telephone number

663

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Full Name of Pull	Jone, , , ,		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		lephone number	-
	epositories: List all banks or other depositories in which is or maintains funds.	the committee deposits funds	, holds accounts, rents
Name of Bank, Dep	pository, etc.		
E	Beneficial State Bank		
Mailing Address	1438 Webster Street, Suite 100		
	Oakland	CA 94	4612 
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraisina Ronrosontativ	o or Leadership PAC Spon
	Cigamzation, Annated Committee, Comt 1	The distribution of the di	c, or <u>Leadership</u> i Ao opon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	STATE A	
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or meaning and a second contents.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). <b>Joint Fundraisin</b>	α Participant:					
*\ <i>3</i> /	1.	<b>9 · ··· ·· ·</b>	1 1 1 1 1 1 1 1	FEC ID	number	C	
	2.			_   FEC ID	number	C	
	3.			_   FEC ID	number	C	
	4.			∟ ∣ FEC ID	number	С	Ħ
	4.						
6.	Name of Any Connected	Organization, Affiliat	ed Committee, Joint F	undraising Rep	resentative	e, or Leadership PAC Spon	nsor
	Mailing Address						
	Relationship:		CITY A		STATE A	ZIP CODE ▲	
	Connected	I Organization Af	filiated Committee	Joint Fundraising	Representa	ative Leadership PAC S	ponsor
8.	Designated Agent: Identify	by name, address (p	phone number – optiona	ıl)			
8.	Designated Agent: Identify  Full Name	by name, address (p	phone number – optiona	il)			
8.		by name, address (p	phone number – optiona	il)			
8.	Full Name	by name, address (p	phone number — optiona	11)			
8.	Full Name	by name, address (p	phone number — optiona	11)			
8.	Full Name		ohone number — optiona		STATE A	ZIP CODE A	
8.	Full Name					ZIP CODE A	
8. 9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	ries: List all banks or intains funds.	CITY A	Telephone No	umber	ZIP CODE A	nts
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	ries: List all banks or intains funds.	CITY   other depositories in w	Telephone No	umber		nts
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching and the	ries: List all banks or intains funds.	CITY   other depositories in w	Telephone No	umber		nts
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or intains funds.	CITY   other depositories in w	Telephone No	umber		nts
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or intains funds.	CITY   other depositories in w	Telephone No	umber		nts